ENTRY RI ANK	-PLEASE TYPE OR PR	INT 1 5/G
	-PLEASE TIPE OR PP	Grath sol
☐ Ms./Artist ☐ Mr./Artist	illian R. N	1-Kinney TV
Permanent D	3960 medical	(last name last)
Address	· Dox 133	Medina
44256	Street Comus Ma	Clity
7475 8 Zip	Daytime Tel. (2/ 6 area	1 725 - 580 8
	alea	
Temporary or Studio Address		
	Street	City
	Daytime Tel. ()
Zip	area	
	tly live in one of the counties unty where you born?	of the Western
Collaborator (if any)		
Museum snould s	hip to artist at artist's expens	se:
	Street	
City	State	Zip
Special Instructi	ions	
	completed in full and signed;	forms received unsigned
When necessary, inc displaying an object.	lude instructions or a drawin	g for assembling and
understood that the lijects not picked up b	ates for both delivery and retu Museum shall dispose for its by the dates given herein. It is I remain on exhibition until M	own account any obsalso understood that
	bjects will be construed as and conditions printed herein.	n acceptance by the
Signature Will	lian K. Mª	Rinney II
I have received the u	nsold/unaccepted object(s) ir	good condition.
Signature		

Detach entire portion along dotted line and submit with slides, but retain tags